



STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM



NOTE: THIS FORM IS ONLY TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☐ Lease
☐ Purchase
☒ Donation
☐ Other

Explain: _____

☐ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 4 / 1 / 2013
END DATE 3 / 31 / 2014

FOR OFFICE USE ONLY	
FILE No. <u>C63-00670C@1</u>	WRIA <u>41</u>
DATE ACCEPTED <u>03 / 27 / 2013</u>	BY <u>[Signature]</u>
FEE \$ <u>[Signature]</u>	REC'D <u>03 / 14 / 2013</u>
CHECK No. <u>[Signature]</u>	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Excelsior Mortgage Equity Fund II, LLC	PHONE NO. (503) 747-6910	FAX NO. (503) 747-6803
ADDRESS 5800 SW Meadows Road, Suite 230		
CITY Lake Oswego	STATE OR	ZIP CODE 97035
CONTACT NAME (IF DIFFERENT FROM ABOVE) Donald L. Dimmitt	PHONE NO. (509) 662-3685	FAX NO. (509) 662-2452
ADDRESS P.O. Box 1688		
CITY Wenatchee	STATE WA	ZIP CODE 98801

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER G3-00670C	RECORDED NAME(S) Columbia Feeders, Inc.
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS SEE ATTACHED COLUMBIA FEEDERS WATER RIGHT TENTATIVE DETERMINATION ASSESSMENT BY RH2.	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

63-00670C@1	
FOR OFFICE USE ONLY	
WATER RIGHT NO. _____	FILE (contract) NO. _____
C63-00670C@1	
TEMP DONATION	

3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s):	

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
2 Wells	Gov Lot 13			5	20	22	20220510000	

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Stock Water	130 gpm	133	Year round
Domestic		1	Year round

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Temporary in-stream flow	134

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
A strip of land 60 feet wide which lies parallel and adjacent to the westerly right of way of State Highway No. 28 within the West half of Southeast quarter; AND the northerly 1300 feet of the easterly 800 feet of the East half of Southwest quarter; ALL within Section 4, Township 20 North, Range 22, E.W.M., Douglas County, Washington.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

B. Proposed:

7. **Remarks and Other Relevant Information:**

8. Signatures:

Excelsior Mortgage Equity Fund, II, LLC

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

STAFF: _____ DATE: ____/____/____